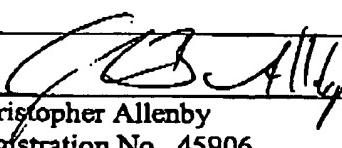


DEC 26 2006

<b>FEE TRANSMITTAL FOR FY 2006</b>		APPLICATION # 10/795,963
		FILING DATE: 3/7/2004
		INVENTOR: Gore
		ATTORNEY DOCKET NO: 017516-001520
		EXAMINER'S NAME: REKSTAD
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>\$ 100</b>	ART UNIT 2621
		CONFIRMATION NUMBER: <del>3621</del> 8624 CR

<b>Method of Payment</b>														
Deposit Account														
Deposit Account Number: 50-3404														
For the above - identified deposit account the Director is hereby authorized to:														
<ul style="list-style-type: none"> <li>Charge fee(s) indicated below and any additional fees(s) or underpayments of fees(s). Please credit any overpayments</li> </ul>														
<b>AMENDMENT FEE CALCULATION</b>														
<p>2. Excess Claim Fees</p> <table> <thead> <tr> <th><u>Fee Description</u></th> <th><u>Fee</u></th> <th><u>Small Entity Fee(\$)</u></th> </tr> </thead> <tbody> <tr> <td>For Each claim over 20</td> <td>50</td> <td>25</td> </tr> <tr> <td>Each independent claim over 3</td> <td>200</td> <td>100</td> </tr> <tr> <td>Multiple dependent claims</td> <td>360</td> <td>180</td> </tr> </tbody> </table>			<u>Fee Description</u>	<u>Fee</u>	<u>Small Entity Fee(\$)</u>	For Each claim over 20	50	25	Each independent claim over 3	200	100	Multiple dependent claims	360	180
<u>Fee Description</u>	<u>Fee</u>	<u>Small Entity Fee(\$)</u>												
For Each claim over 20	50	25												
Each independent claim over 3	200	100												
Multiple dependent claims	360	180												
<u>Total Number of Claims:</u> 22 (PREVIOUSLY PAID FOR OR ALLOWED - 20) <u>Total Number of Additional Claims:</u> 2 $2 \times 50 = 100$														
<u>Extra claims</u> Number of Independent Claims: 3 (PREVIOUSLY PAID FOR OR ALLOWED - 3) Extra Independent Claims Multiple Dependent Claims <u>Total Number of Additional Independent Claims:</u> 0 $1 \times 200 = 200$														
<b>TOTAL FEES</b> <u>\$100</u>														

SUBMITTED BY:   
Christopher Allenby  
Registration No. 45906

Date 26 Dec 06

DEC 26 2006

INTUITIVE  
SURGICAL®**Fax**

To:	USPTO	From:	Christopher Allenby
Fax:	571-273-8300	Pages:	<i>15</i>
Phone:		Date:	December 26, 2006
Re:	USSN 10/795,963	CC:	

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## • Comments:

## CERTIFICATE OF FACSIMILE TRANSMISSION

I HEREBY CERTIFY THAT THIS CORRESPONDENCE:

Amendment and Fee Transmittal

IS FACSIMILE TRANSMITTED TO THE US: COMMISSIONER FOR PATENTS, at 571-273 8300 ON THE DATE SHOWN BELOW.

ON 12/26/06 Christopher Allenby  
Anne Wilcock

DEC 26 2006

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/795,963

Confirmation No.: 8624

Applicant(s): Gere et al.

Filing Date: 7 March 2004

**Amendment**Title: "Stereo Imaging System and Method  
For Use in Telerobotic Systems"

Date: 26 December 2006

TC/Art Unit: 2621

Examiner: Reckstad, E.

Docket No.: 017516-001520US

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

**CERTIFICATE OF TRANSMISSION BY FACSIMILE**

I hereby certify that this correspondence is being facsimile  
 transmitted to the United States Patent and Trademark Office (Fax.  
 No. 571-273-8300) on the date indicated below.

Signature

Date

Sir:

This communication responds to the Action mailed 5 October 2006 (the "Office Action").

**Amendments to the Claims** are in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 11 of this paper.

12/29/2006 MBELETE1 00000090 503404 10795963  
 01 FC:2201 100.00 DA